

Updated Claim Worksheet

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538017

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
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30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	35					
TOTAL CLAIMS	37					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53			1			
54				1		
55						
56						
57						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			4			
TOTAL DEP.			31			
TOTAL CLAIMS			35			

BEST AVAILABLE COPY